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PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		ey Docket Numbe	HENRY M. BEISNER			
		COMPLETE IF KNOWN				
		ation Number				
	Filing	Date (	15/09/2000			
Subilification	ted after Initial Group	Art Unit				
	surcharge R 1.16 (e)) d)	iner Name				

	As a below named inventor, I hereby declare that:										
	My residence, mailing address, and citizenship are as stated below next to my name.										
	I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:										
	ADAPTIVE FILTER TO REDUCE MULTIPATH										
			σ	itle of the Invention)							
	the specification of which										
	is attached hereto										
	OR as United States Application Number or PCT International										
	was filed on (MM/DD/YYYY) (if applicable).										
	Application Number and was amended on (MM/DD/YYYY)										
	I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.										
	I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.										
	I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.										
	Prior Foreign Application Number(s)	Country		Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy	y Attached? NO				
-	Aumber(s)		, , , , , , , , , , , , , , , , , , ,	(MM/DD/TTTT)	Trot Glamba	TES	NO				
	· 1				1		H				
	Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:										
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.											
			e (MM/DD/YYYY)	Additional provisional application							
			2 - 1 - 2 - 2 - 2								
60/202,938		05/09/2000		supplemental priority data sheet							
				,	PTO/SB	/02B attached her	reto.				
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[Page 1 of 2]
Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



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Additional inventors are being named on the



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## **DECLARATION** — Utility or Design Patent Application **Customer Number** OR 🛛 Correspondence address below Direct all correspondence to: or Bar Code Label Name Address 301 Country I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. ☐ A petition has been filed for this unsigned inventor NAME OF SOLE OR FIRST INVENTOR: Given Name Family Name or Sumame (first and middle [if an Inventor's Signature Citizenship Country Residence: City Mailing Address Mailing Address 20852 ROCKVILLE ΜD □ A petition has been filed for this unsigned inventor NAME OF SECOND INVENTOR: **Family Name** Given Name or Surname (first and middle [if any]) Inventor's Date Signature Citizenship Country State Residence: City **Mailing Address Malling Address** ZIP Country State City

supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.